

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38587

FILED DEC 11 1943

State File No. ....

Registration District No. 383

Primary Registration District No. 5653

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mount Vernon Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 47 days  
(Specify whether  
In this community 47 days  
years, months or days)

3. (a) PRINT FULL NAME Willie Hortense Goldsmith

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Female 5. Color of White 6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife Ernest Goldsmith 6. (c) Age of husband or wife if  
alive 27 years  
7. Birth date of deceased August 4 1918  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
25 3 26 hr. min.

9. Birthplace Kirkwood Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Franklin Jones  
13. Birthplace Wright County Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Andrew Pearl Moshier  
15. Birthplace Marionville Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael Record Clerk  
(b) Address Mo. State Sanatorium, Mount Vernon  
17. (a) Burial (b) Date thereof Dec 3 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Grove Mo  
18. (a) Signature of funeral director Funell Barber  
(b) Address Intn Grove, Mo.  
19. (a) 12-1-43 (b) Wm. C. Campbell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright  
(c) City or town Mountain Grove  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30  
year 1943 hour 7 minute 00 P. M.  
21. I hereby certify that I attended the deceased from Oct. 15  
1943, to Nov. 30, 1943  
that I last saw her alive on Nov. 30, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Due to .....

Due to .....

Other conditions 13 P1  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....

Of autopsy .....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State) .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (e) Means of injury .....

23. Signature Esther E. Coffman (M. D. number) 1130-43  
Address Mo. State Sanatorium Date signed 11-30-43

Duration

over 8 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6;

Serial File Number 1243.1359

Date Filed 12-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Russell Barber*

Licensed Embalmer No.....

3848

P. O. Address.....

*Mt. Grove, Pa.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**